

**STATE OF MAINE**

**BOARD OF HEARING AID DEALERS AND  
FITTERS**

**APPLICATION FOR LICENSURE**

- Business License



Department of Professional and Financial Regulation  
Office of Licensing and Registration  
35 State House Station  
Augusta, ME 04333-0035

Office Telephone: (207) 624-8626  
Office Facsimile: (207) 624-8637  
TTY/HEARING IMPAIRED (888) 577-6690  
Email: [jennifer.l.mooney@maine.gov](mailto:jennifer.l.mooney@maine.gov)

Office located at: 122 Northern Avenue, Gardiner, Maine

Revised: 01/2006

## Application Guide for Licensure as a Hearing Aid Dealer and Fitter Business

*Please read all the information carefully. If you have any questions, you can contact the Board of Hearing Aid Dealers and Fitters office at (207) 624-8626 or email [jennifer.l.mooney@maine.gov](mailto:jennifer.l.mooney@maine.gov)*

### To be Eligible for a Hearing Aid Dealers and Fitters Business, the following must be submitted:

- ☐ Completed Application;
- ☐ Fees: All Checks/Money Orders should be made payable to the "Treasurer, State of Maine". If paying using a credit card please use the Credit Card form at the end of the application. All Fees can be in one payment;
  - **\$325.00** License Fee
  - **\$50.00** Application Fee
- ☐ A **notarized** application affirming and listing the names and addresses of all hearing aid dealers and fitters directly or indirectly employed by the entity and further certifying that the entity employs only hearing aid dealers and fitters who are duly licensed by the State; and
- ☐ If applicant is a Maine licensed audiologist, submit proof of licensure that is active and in good standing.

### Note:

Any corporation, partnership, trust, association or other like organization engaged in the business of selling or offering for sale hearing aids at retail in the State shall apply to the board for a license to engage in that business. No business entity may so engage in the business of selling or offering for sale hearing aids without a license to do so. The board shall issue a license upon filing of a sworn statement from a person with authority from the business entity. That sworn statement shall list the names and addresses of all hearing aid dealers and fitters directly or indirectly employed by the entity and must certify that the entity employs only hearing aid dealers and fitters who are duly licensed by the State.

At least one of the licensees employed by the business must have been licensed for a minimum of 2 years and have at least 3,000 hours of work experience as a hearing aid dispenser or be certified by the National Board for Certification in Hearing Instrument Sciences. **Note - Pursuant to P.L. 2003, Chapter 609, a business entity that is a Maine Licensed Audiologist is exempt from this requirement.**



STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL  
AND FINANCIAL REGULATION  
**Board of Hearing Aid Dealers & Fitters**  
35 STATE HOUSE STATION  
AUGUSTA, MAINE  
04333-0035  
(207) 624-8626 (OFFICE PHONE)  
(888) 577-6690 (TTY/HEARING IMPAIRED)

JOHN ELIAS BALDACCI  
GOVERNOR

Office Use Only		
License #	_____	
Cash #	_____	
Check #	_____	
4440	1422	\$325
4440	1446	\$50

ANNE L. HEAD  
DIRECTOR

## APPLICATION FOR A BUSINESS LICENSURE

### Notice regarding Social Security Number Disclosure

The following statement is made pursuant to the Privacy Act of 1974 section 7 (B). Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 MRSA section 175 as authorized by the Tax Reform Act of 1976 (42 USC section-405 (C) (2) (1)). Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your social security number and it shall be treated as confidential tax information pursuant to 36 MRSA section 191.

### Notice regarding Public Information

This application is a public record for purposes of Maine's Freedom of Access Law, 1 MRSA §401, et seq. Public records must be made available to any person upon request. Information that you supply as part of this application (except your Social Security number) is public information. Other licensing records to which this information may later be transferred are also considered public records. Where permitted by law, your name, license number, mailing address and other information listed on this application may be posted on the State's website.

### Please Read Application Guide Prior to Completing this Application

Name of Applicant		
Any Other Names Used		
Name of Business		
Mailing Address		
City	State	Zip Code
Federal ID Number		Business Telephone

List the names and addresses of all Hearing Aid Dealers and Fitters directly and indirectly employed with the business entity.

Name			License Number
Mailing Address	City	State	Zip Code
Name			License Number
Mailing Address	City	State	Zip Code
Name			License Number
Mailing Address	City	State	Zip Code



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OFFICE PHONE: (207)624-8626

(888) 577-6690 (HEARING IMPAIRED)  
OFFICES LOCATED AT: 122 NORTHERN AVENUE,  
GARDINER, MAINE

FAX: (207)624-8637

**License for business organization.** Any corporation, partnership, trust, association or other like organization engaged in the business of selling or offering for sale hearing aids at retail in the State shall apply to the board for a license to engage in that business. No business entity may so engage in the business of selling or offering for sale hearing aids without a license to do so. The board shall issue a license upon payment by the business entity a fee set by the board in an amount not to exceed \$325 and upon filing of a sworn statement from a person with authority from the business entity. That sworn statement shall list the names and addresses of all hearing aid dealers and fitters directly or indirectly employed by the entity and must certify that the entity employs only hearing aid dealers and fitters who are duly licensed by the State. At least one of the licensees employed by the business entity must have been licensed for a minimum of 2 years and have at least 3,000 hours of work experience as a hearing aid dispenser or be certified by the National Board of Certification in Hearing Instrument Sciences. **Note - Pursuant to P.L. 2003, Chapter 609, a business entity that is a Maine Licensed Audiologist is exempt from this requirement.**

The license required by this chapter must be conspicuously posted in the licensee's office or place of business.

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**By my signature, I affirm that all information provided in connection with this application is true to the best of my knowledge and belief, with the understanding that any omissions, inaccuracies, or failure to make full disclosure may be deemed sufficient reason to suspend or recommend revocation of a license issued by the Department. I further authorize all law enforcement agencies and officials thereto to release to the Department any and all criminal history record information pertaining to myself. Furthermore, I acknowledge that I fully understand the licensing requirements for a business organization pursuant to 32 MRSA §1658-A(2).**

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**Signature of Applicant**

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**Date**

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**Name of Licensee Responsible for Business**

---

**Date**

---

**Signature of Licensee Responsible for Business**

---

**Date**



JOHN ELIAS BALDACCI  
GOVERNOR

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DEPARTMENT OF PROFESSIONAL  
AND FINANCIAL REGULATION  
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Office Use Only		
License #	_____	
Cash #	_____	
Check #	_____	
4440	1422	\$325
4440	1446	\$50

ANNE L. HEAD  
DIRECTOR



**AUTHORIZATION OF CREDIT CARD PAYMENT**

Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, please complete this form and send it with your application. Payment through credit cards will not be processed without this authorization form.

<b>Name:</b> (applicant fees being paid for)		
<b>Mailing Address:</b> (applicant fees being paid for)		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>County:</b>	<b>Telephone #:</b> (____) _____ - _____	

<b>Name of cardholder:</b> (if other than applicant)		
<b>Mailing Address:</b> (if other than applicant)		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>

I authorize the State of Maine, Department of Professional and Financial Regulation, Office of Licensing and Registration to charge my:

☐ Visa    ☐ MasterCard \_\_\_\_\_ **Card number**

**Expiration date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **in the amount of: \$** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_



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OFFICES LOCATED AT: 122 NORTHERN AVENUE,  
GARDINER, MAINE

FAX: (207)624-8637

# SAMPLE HEARING AID PURCHASE AGREEMENT

ABC HEARING AID CENTER  
123 MAIN STREET  
ANYTOWN, MAINE 00000  
207-123-4567

LICENSEE: \_\_\_\_\_  
STATE LICENSE #: \_\_\_\_\_

DATE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_

AMOUNT FINANCED: \_\_\_\_\_  
MONTHLY PAYMENTS: \_\_\_\_\_  
DATE PAYMENT DUE: \_\_\_\_\_  
TOTAL # OF PAYMENTS: \_\_\_\_\_

SELLING PRICE: \_\_\_\_\_  
DISCOUNTS/TRADE-INS: \_\_\_\_\_  
TOTAL DUE: \_\_\_\_\_  
DEPOSIT: \_\_\_\_\_  
BALANCE DUE: \_\_\_\_\_

MANUFACTURER: \_\_\_\_\_  
MODEL: \_\_\_\_\_  
SERIAL #(R) \_\_\_\_\_ (L) \_\_\_\_\_  
DELIVERY DATE: \_\_\_\_\_

**Warranty:** your (new, used, reconditioned) hearing aid is fully guaranteed by [Insert Business/Licensee Name and Address] against defects in material and workmanship for a period of \_\_\_\_ year(s) from date of delivery, during which period services and repairs will be made at no cost. The warranty does not cover cords, earmolds, tubing, or batteries and becomes void if an attempt to repair is made by other than those authorized by the company. If the instrument has been misused, damaged, or tampered with, a charge will be made. Postage and insurance is not covered.

**Notice to purchaser:** if not fully satisfied, the buyer has the right to cancel this sale within a thirty (30) day trial period from the delivery date upon the return of hearing aid(s) and devices with a full refund less the price of ear mold(s) \_\_\_\_ and lab fees \_\_\_\_\_. However, the purchaser has the right to cancel this transaction within sixty (60) days of the purchase if the purchaser consults an audiologist or licensed physician who in writing specifies that the hearing aid is not advisable and the medical reason why.

**If you wish to register a complaint regarding this purchase, please contact:** State of Maine, Department of Professional and Financial Regulation, Board of Hearing Aid Dealers and Fitters, 35 State House Station, Augusta, ME 04333-0035, telephone: (207)624-8660, or website: [www.maineprofessionalreg.org](http://www.maineprofessionalreg.org)

**Terms of service:** the notice shall state the complete terms of service, including cost of service, what services are available, by whom and for how long such service will be provided, including house or office calls, when applicable, and the terms of after care fitting.

Any examination or examinations or representation or representations made by a licensed hearing aid dealer and fitter in connection with the fitting and selling of such hearing aid or aids is not an examination, diagnosis, or prescription by a person licensed to practice medicine in this state and therefore must not be regarded as medical opinion or advice.

(PURCHASER'S SIGNATURE) \_\_\_\_\_ DATE: \_\_\_\_\_

(LICENSEE'S SIGNATURE) \_\_\_\_\_ DATE: \_\_\_\_\_